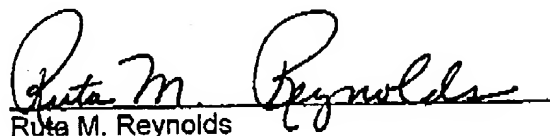


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CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571)-273-8300.

Date: October 16, 2006
Rita M. Reynolds

In Re Application Of:

Art Unit: 1732

Skidmore, et al.

Confirmation No.: 4397

Serial No.: 10/632,491


Docket No. 190514-1020

Filed: July 31, 2003

For: Masonry Unit Manufacturing Method

TOTAL PAGES (including cover sheet) 24

OCT 16 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. 190514-1020	
Applicant(s): Skidmore, et al.					
Serial No. 10/632,491	Filing Date July 31, 2003	Examiner Daniels, Matthew J.	Confirmation No. 4397	Group Art Unit 1732	
Invention: Masonry Unit Manufacturing Method					
Commissioner for Patents Mail Stop AF P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is Response After Final in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	23 =		X \$50.00	\$
INDEP. CLAIMS	2 -	3 =	0	X \$200.00	\$
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____ <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 _____ David Rodack, Registration No. 47,034			10-16-06 _____ Date		

OCT 16 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Skidmore, *et al.*

Serial No.: 10/632,491

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For: **Masonry Unit Manufacturing Method**

RESPONSE AFTER FINAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The final Office Action mailed August 14, 2006 (Part of Paper No./Mail Date 20060806) has been carefully considered. In response thereto, please consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.